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ABSTRACT

Sample forms and form completion instructions are provided for the referral, initial placement, annual review, and reevaluation of exceptional children. The forms were developed for use by North Carolina local educational agencies. The forms encompass the exceptionalities of academically gifted, specific learning disabled, behaviorally-emotionally handicapped, pregnant school girls, and other categories. Specific forms focus on: screening, parental notification of screening procedures, referral, parental consent for evaluation, required screening and evaluation procedures prior to placement, summary of evaluation results, multidisciplinary team report, eligibility criteria for behaviorally-emotionally handicapped, individualized education program/service delivery plan, group education program for academically gifted, written education program for pregnant school girls, recommendation/approval for placement, prior notice and consent for initial placement, and prior notice for reevaluation. A "Handbook of Parents' Rights," which accompanies the form for parental consent for evaluation, covers legal requirements, referral and evaluation procedures, individualized education programs, related services, least restrictive environment, access to student records, confidentiality, mediation, due process, and other topics. (JDD)

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STATEWIDE EXCEPTIONAL CHILDREN FORMS

EC 210 321

NORTH CAROLINA DEPARTMENT OF PUBLIC INSTRUCTION

APRIL, 1988

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GENERAL DIRECTIONS FOR STATEWIDE FORMS

1. Local educational agencies are required to use these forms for all **initial referrals**/ placements and **annual** reviews or **reevaluations** (whichever comes first) beginning school year 1988-89.

2. Individual local educational agencies may elect to add their logos and any additional student information to the forms. The forms may be expanded, but no original information may be deleted.

3. Additional forms may be added at local discretion; however, these forms may not replace the required forms. For example, a local educational agency may elect to attach a separate form for recording speech-language screening evaluations. Nevertheless, the Summary of Evaluation Results Form (DEC 4/HCA) must be completed and given to parents.

4. The acronyms DEC/HCA indicate that these forms will be reviewed by the Division for Exceptional Children and headcount auditors in their monitoring and auditing.

5. As indicated, several forms may be used for more than one purpose--initial placement, reevaluation, annual review, etc.

6. **"Other"** is indicated on many forms. Options for the use of "other" include transfer students, suspension meetings, change in placement, etc.

7. Additional sheets may be added when a form does not have sufficient space for recording information.

8. On those forms requiring signatures, a local educational agency may elect to type in positions below the line as it deems necessary. For example, the required positions on the individualized education program committee may be typed below the line for the signatures.

9. **Change in placement** usually refers to the following: (1) change from a regular education setting to a special education setting or a change from a special education setting to a regular education setting; (2) change from one level of the continuum to another, such as a change from resource to separate class; and (3) change from one category to another, such as from EHM to B/EH. Prior written notice must be given to parents before a change in placement occurs. **Form DEC 5/HCA may be used for this purpose.**

10. A change in identification (i.e. from EMH to B-EH) requires prior written notice. DEC 5/HCA may be used for this purpose by checking "change in placement."

11. **"Program" refers to the category of exceptionality.**

CHECKLIST OF FORMS IN PLACEMENT PROCESS

Academically Gifted

Initial Placement:
- DEC 1
- DEC 2
- DEC 3 (send with DEC 2)
- REF DEC 3 (complete required screening and evaluation)
- DEC 4(a)/HCA
- DEC 5/HCA
- DEC 7/HCA (page 1 - sections I, IV, VII)
- DEC 7(a)/HCA
- DEC 8/HCA
- DEC 9/HCA

Annual Review:
- DEC 5/HCA
- DEC 7/HCA (page 1 - sections I, IV, VII)
- DEC 7(a)/HCA

Reevaluation:
- DEC 10
- Repeat DEC 4(a)/HCA - DEC 8/HCA

Specific Learning Disabled

Initial Placement:
- RE 1/HCA (Part I)
- RE 2
- RE 1/HCA (Part III)
- RE 1(a-c)/HCA
- DEC 1 (Part I and SBC section)
- DEC 2
- DEC 3 (send with DEC 2)
- REF DEC 3 (complete required screening and evaluation)
- DEC 4/HCA
- DEC 5/HCA
- DEC 6/HCA
- DEC 7/HCA (Pages 1 & 2)
- DEC 8/HCA
- DEC 9/HCA

Annual Review:
- DEC 5/HCA
- DEC 7/HCA (Pages 1 & 2)

Reevaluation:
- DEC 10
- Repeat DEC 4/HCA - DEC 8/HCA

Behaviorally-Emotionally Handicapped

Initial Placement:
- RE 1/HCA (Part I)
- RE 2
- RE 1/HCA (Part III)
- RE 1(a-c)/HCA
- DEC 1 (Part I and SBC section)
- DEC 2
- DEC 3 (send with DEC 2)
- REF DEC 3 (complete required screening and evaluation)
- DEC 4/HCA
- DEC 5/HCA
- DEC 6(a)/HCA
- DEC 7/HCA (Pages 1 & 2)
- DEC 8/HCA
- DEC 9/HCA

Annual Review:
- DEC 5/HCA
- DEC 7/HCA (Pages 1 & 2)

Reevaluation:
- DEC 10
- Repeat DEC 4/HCA - DEC 8/HCA

Other Categories (including speech-language as a primary handicap)

Initial Placement:
- DEC 1
- DEC 2
- DEC 3 (send with DEC 2)
- REF DEC 3 (complete required screening and evaluation)
- DEC 4/HCA
- DEC 5/HCA
- DEC 7/HCA (Pages 1 & 2)
- DEC 8/HCA
- DEC 9/HCA

Annual Review:
- DEC 5/HCA
- DEC 7/HCA (Pages 1 & 2)

Reevaluation:
- DEC 10
- Repeat DEC 4/HCA - DEC 8/HCA

Pregnant School Girls

Initial Placement:
- Medical diagnosis and written recommendation(s) to verify need for special education - physician, nurse, etc.
- DEC 5/HCA
- DEC 3 (send with DEC 5/HCA)
- DEC 7(b)/HCA
- DEC 8/HCA
- DEC 9/HCA

_____
Local School Administrative Unit

FOCUS OF CONCERN/SCREENING

Student: _____ School: _____
Sex: ____ Race: ____ Grade: _____ Parent/Guardian: _____
Date of Birth: ___/___/___ Age: _____ Address: _____
_____
I.D. # (optional): _____ Telephone: _____

I. **Parent Conference/Contact Record**

A. First Contact/Attempt Date: _____/_____/_____
School Person Making Contact: _____
Type of Contact: _____ School Conference _____ Letter/Note _____ Home Visit _____ Phone Call
_____ Other: _____

Purpose: _____

Comments on Conference: _____

B. Second Contact/Attempt Date: _____/_____/_____
School Person Making Contact: _____
Type of Contact: _____ School Conference _____ Letter/Note _____ Home Visit _____ Phone Call
_____ Other: _____

Purpose: _____

Comments on Conference: _____

II. **Parental Notification of Screening Procedures Form (RE2) Sent**

Notice Sent by: _____ Date: _____/_____/_____

III. **Classroom Observation**

Observer: _____ Position: _____ Date: __/__/__

A. Subject Observed

_____ Language Arts _____ Social Studies
_____ Music _____ Science
_____ Free Time _____ P.E.
_____ Art _____ Math
_____ Other: _____

B. Learning Situation

_____ One- to- One _____ Small Group
_____ Class _____ Independent

C. Student Behaviors

_____ Attentive
_____ Sits quietly
_____ Talks out of turn
_____ Easily distracted
_____ Overactive, restless
_____ Talks excessively
_____ Immature behavior
_____ Withdrawn
_____ Works well independently
_____ Disruptive
_____ Trouble finding place
_____ Disorganized work habits
_____ Avoids eye contact
_____ Difficulty copying from board
_____ Careless, doesn't complete tasks
_____ Constantly out of seat
_____ Contributes to class discussion
_____ Short attention span
_____ Friendly
_____ Displays leadership ability
_____ Easily frustrated
_____ Aggressive toward children
_____ Obscene language
_____ Neat appearance
_____ Demands excessive attention
_____ Perseverates (repetitive behavior)
_____ Daydreams
_____ Tries to control others
_____ Avoids groups
_____ Cooperative
_____ Does not follow directions
_____ Unusual language
_____ Speech problem
_____ Other: _____

Additional Comments (if any): _____

Student _____

IV. Screening Committee Data Collection

A. **Records Review - School History**

1. Attendance Pattern (indicate where problems occurred):

Grade							
Absences							
Days Enrolled							
Tardies							

2. Past and Current Subject Marks (three most recent, if appropriate):

Year	Grade					
		Subject:				
		Mark:				
		Subject:				
		Mark:				
		Subject:				
		Mark:				

3. Results of Previous Testing:

a. Instrument Used: _____
Date: _____
Results: _____
_____
_____

b. Instrument Used: _____
Date: _____
Results: _____
_____
_____

c. Group Standardized Test Scores (record percentile scores)
Name of Test: _____

Subtest	Year/___	Year/___	Year/___
Reading			
Language			
Math			
Total Battery			
Other			

B. **General Medical - Health Screening**

1. Describe any serious illness or accident since birth: Date Hospitalized
_____ _____ Yes No
_____ _____ Yes No

2. Other Relevant Health Information:
_____
_____

3. Visual Acuity
Far Pass/Fail Date _____/_____/_____
Near Pass/Fail Date _____/_____/_____

Hearing Pass/Fail Date _____/_____/_____

C. **Social Functioning and Environmental and Cultural Status**

_____ Information concerning the social, environmental and cultural status of this student
(check) has been reviewed.

Comments: _____
_____

Student _____

V. **Intervention Strategies**

Area(s) of Concern _____

Interventions	Dates (Month/Day/Year) Beginning	Ending	Results(Check) No Change	Erratic	Improvements	Success
1. Praise/Attention						
2. Modified Instruction						
3. Modified Environment						
4. Counseling, Support Group						
5. Behavioral Contract Point System, Charting						
6. Parent Follow-Up						
7. Time-Out						
8. Detention						
9. Specialized Instructional Equipment						
10. Peer Tutor						
11. Chapter 1, Other Support (Volunteers)						
12. Public/Private Agency						
13. Community Resources						
14. Change in Schedule						
15. Change in Curriculum						
16. Change in Teachers						
17. Other(s) (Specify):						
18. Other(s) (Specify):						

Signature of Person(s) Using Strategies _____ Date: ___/___/___

VI. After the use of the above strategies, does **inappropriate behavior** still appear to interfere consistently and significantly with student's own learning process? Yes _____ No _____

If yes, please comment on the following:

Duration of behavior _____

_____

Frequency of behavior _____

_____

Intensity of behavior _____

_____

Student _____

VII. Based on information gathered during the screening process, it is the decision of this committee to:

A. First Meeting

1. _____ Refer to School-Based Committee for evaluation

2. _____ Continue regular education program with new strategies for _____ weeks.

3. _____ Continue regular education program with strategies proved effective during screening.

Comments (if any) _____

_____

_____

_____

_____

Committee Members' Signatures - Positions

_____

_____

_____

Date _____/_____/_____

B. Second Meeting (only needed if A(2) is checked above)

1. _____ Refer to School-Based Committee for evaluation

2. _____ Continue regular education program with strategies proved effective during screening.

Comments (if any) _____

_____

_____

_____

_____

Committee Members' Signatures - Positions

_____

_____

_____

Date _____/_____/_____

_____ School

PARENTAL NOTIFICATION OF SCREENING PROCEDURES

Date _____/_____/_____

Dear _____ :

Your child, _____, is having difficulty in certain areas of his/her school program. We plan to begin a screening process for your child so that we may be able to offer suggestions as to how he/she can best be served in our school program. The screening process may include:

1. classroom strategies
2. vision, hearing and health screening
3. classroom observations
4. reviewing school records
5. parent conference(s)
6. speech-language screening

Please call_____ if you have questions. The telephone number is _____.

Sincerely,

_____
Principal/Designee

_____
School

****

Retain a copy in child's folder.

****

DIRECTIONS -- RE 1/HCA - RE 2

When a teacher, parent or any other person suspects that a student has a specific learning disability or behavioral-emotional handicap (other areas optional), screening information must be collected and considered in order to make decisions regarding the need for further educational interventions and/or a referral to the school-based committee for further evaluations. As indicated by the initials RE, this is a regular education responsibility.

RE 1/HCA - Complete student information.

I. Date and document the purpose and results of at least two conferences or attempts to conference with the parent(s) and or guardian(s) concerning the student's specific problems. Comments on additional conferences may be attached.

II. Date and send "Parental Notification of Screening Procedures" (Form RE 2) to the child's parent(s) or guardian. Document that Form RE 2 was sent by completing section II of Form RE 1. **Form RE 2 must be sent prior to beginning the screening process.**

III. A third party observer completes this section, checking appropriate areas in A-C. Additional information describing the child's behavior or performance in the regular classroom setting may be added.

RE 1(a)/HCA

IV. (A.) Complete 1-3 (Records Review) from information in the child's cumulative folder. If information is attached, indicate on the form.

(B.) Complete from information in cumulative folder. If information is unavailable, refer to school nurse or other appropriate persons.

(C.) Review information on the child's social, environmental and cultural status and summarize in comments, if significant.

RE 1(b)/HCA

V. This section must be completed and signed by the person(s) who attempted at least two interventions with the child within the regular educational setting. Show dates of the interventions and check the results of each.

VI. Complete this section.

RE 1(c)/HCA

VII. (A) A screening committee (assistance team, Building-Based Staff Support Team--BBSST) reviews the screening information and checks action chosen.
The committee's members sign and date its decision.

(B) This section is completed only if a second meeting is necessary.

_____
Local School Administrative Unit

Exceptional Children Referral

Student: _____ School: _____
Sex: ____ Race: ____ Grade: _____ Parent/Guardian: _____
Date of Birth: ___/___/___ Age: _____ Address: _____
_____
I.D. # (optional): _____ Telephone: _____

I. REASONS FOR REFERRAL: Check each reason for referring this student.

1. [ ] outstanding academic performance
2. [ ] deficient in learning skills
3. [ ] low academic performance
4. [ ] behavioral-emotional problems
5. [ ] outstanding academic potential
6. [ ] visual problems
7. [ ] speech/language problems
8. [ ] hearing problems
9. [ ] physical problems
10. [ ] other (specify):_____
_____
_____

II. DESCRIPTION OF REFERRED STUDENT: Check each statement which describes the student

POSITIVE BEHAVIORS/STRENGTHS

Academics/Behavior

[ ] Works well independently
[ ] Creative
[ ] Displays leadership ability
[ ] Curious
[ ] Reads at or above grade level
[ ] Attentive
[ ] Follows instructions easily
[ ] Cooperative
[ ] Attention to exactness & details
[ ] Shows good sportsmanship
[ ] Interested
[ ] Highly competent in vocabulary usage
[ ] Completes tasks assigned
[ ] Keen insight in problem solving
[ ] Skilled in divergent thinking
[ ] Accepts suggestions
[ ] Appears self-confident
[ ] Concentrates for long periods
[ ] Mathematics at or above grade level
[ ] Frequently contributes to class
[ ] Achieves at or above grade level in other content areas
[ ] Popular with classmates
[ ] Happy, easy-going
[ ] Exceptional ability to recall facts
[ ] Receives majority marks of A & B
[ ] Courteous
[ ] Does assignments promptly
[ ] Other (specify):

Communication Skills

[ ] Proficient in verbal skills
[ ] Proficient in language mechanics
[ ] Effective group participant
[ ] Writes in concise & clear style
[ ] Communicates well in groups
[ ] Expresses thoughts well
[ ] Articulation above age level
[ ] Speech flows smoothly
[ ] Other (specify): _____
_____
_____
_____

NEGATIVE BEHAVIORS/WEAKNESSES

Academics/Behavior

[ ] Difficulty concentrating
[ ] Deficient in comprehension
[ ] Reads below grade level
[ ] Poor memory
[ ] Frequent reversals of letters and numbers
[ ] Poor self-concept
[ ] Fights and/or bites
[ ] Makes excuses
[ ] Lies
[ ] Oversensitive
[ ] Fearful
[ ] Disruptive
[ ] Ritualistic behaviors--rocking, pacing, etc.
[ ] Immature behaviors
[ ] Difficulty remembering facts
[ ] Deficient in mathematical operations
[ ] Achieves below grade level in other content areas
[ ] Talks excessively
[ ] Disorganized work habits
[ ] Talks about morbid themes
[ ] Physically aggressive
[ ] Provokes/aggravates others
[ ] Temper tantrums
[ ] Appears depressed
[ ] Cries easily
[ ] Consistent inappropriate emotional responses
[ ] Blames others
[ ] Abandons difficult tasks
[ ] Deficient in vocabulary
[ ] Difficulty solving word problems
[ ] Difficulty following directions
[ ] Poor handwriting
[ ] Requires constant supervision
[ ] Overactive
[ ] Talks about hurting or killing self
[ ] Excessive daydreaming
[ ] Destructive
[ ] Steals
[ ] Withdrawn
[ ] Defiant/hostile
[ ] Self-abusive behaviors
[ ] Poor peer relations
[ ] Irritable or moody
[ ] Other (specify): _____
_____
_____
_____

(Continued)

Communication Skills

[ ] Difficulty using and understanding language
[ ] Unable to communicate basic needs and wants
[ ] Indistinct articulation-speech sounds omitted, substituted, distorted
[ ] Voice problems
[ ] Nonverbal
[ ] Slow, labored speech
[ ] Reluctant to communicate in groups
[ ] Difficulty with written expression
[ ] Cannot understand spoken language
[ ] Difficulty in oral expression
[ ] Speaks haltingly or stutters
[ ] Other (specify): _____

_____
_____
_____

Physical

[ ] Physical complaints
[ ] Bites nails
[ ] Involuntary muscle spasms
[ ] Lacks age-appropriate self-care
[ ] Seizures
[ ] Lack of physical mobility
[ ] Poor gross motor skills
[ ] Lacks fine motor coordination
[ ] Difficulty copying - paper or board
[ ] Chronic allergic conditions
[ ] Impaired hearing
[ ] Impaired vision
[ ] Poor physical fitness
[ ] Lethargic - tired and listless
[ ] Overweight/underweight (circle)
[ ] Asthma/epilepsy (circle)
[ ] Wets or soils clothes
[ ] Frequently gets hurt
[ ] Currently takes medication
[ ] Other (specify): _____

_____
_____
_____

Referring Person and Positi on:

_____

***FOR SCHOOL-BASED COMMITTEE USE ONLY**

Date Received by School-Based Committee: ___/___/___

Check Appropriately:

[ ] No Referral for Evaluation
[ ] Obtain Parental Permission for Evaluation (DEC2)
[ ] Additional Information Needed (see below)

Comments (if any): _____

_____
_____
_____
_____

School-Based Committee Signatures:

Name Position

_____
_____
_____
_____
_____
_____

DIRECTIONS - DEC 1

When a teacher or other involved person recognizes that a child's educational needs are not being met, he/she must provide in writing the reason for referral, addressing specific presenting problems and the child's current strengths and weaknesses. The school-based committee receives the referral.

For student with a completed focus of concern:

I. A member of the screening committee completes student information, checks item #10 of section I and writes "pre-referral" on the line. Re 1-RE 2 forms are then attached to referral.

II. Referral is sent to chairperson of school-based committee (SBC).

III. Chairperson of school-based committee indicates date referral is received.

IV. A school-based committee meeting is scheduled. School-based committee reviews completed work.

V. School-based committee checks no referral or indicates referral by checking that parental permission to evaluate is to be obtained. If a referral, send DEC 2 (permission to evaluate) and DEC 3 (Handbook of Parents' Rights).

VI. School-based committee signs decision.

For student without a focus of concern:

I. Referring person completes student information, including reason(s) for referral.

II. Referring person checks each strength and/or weakness applicable to the student.

III. Referral is sent to chairperson of school-based committee.

IV. Chairperson of school-based committee indicates date referral is received.

V. A school-based committee meeting is scheduled. School-based committee reviews reason(s) for referral, work samples, etc., and determines if additional information, referral for evaluation, focus of concern information, or no evaluation is necessary. If a referral, send DEC 2 and DEC 3.

VI. School-based committee signs decision.

***NOTE:** The date of referral is the date the referral is received by the school-based committee.

_____
Local School Administrative Unit

PRIOR NOTICE AND PARENT/GUARDIAN CONSENT FOR EVALUATION

Date Sent __/__/____

Date Returned __/__/____

Student: _____ Grade: _____ School: _____

Dear _____:

School personnel have recognized the need for gathering more information on your child. The proposed screenings and evaluation(s) by qualified personnel will include the use of one or more of the tests below to help determine his/her strengths and weaknesses and eligibility for special education services.

AREA	INFORMATION
Physical Health	Vision, hearing, motor, medical screening/evaluation
Educational	Reading, mathematics and other subjects - group/individual assessments; achievement tests; observation
Psychological	Mental ability, emotional development, perceptual developmental, and adaptive behavior screening/evaluation
Social Appraisal	Social, personal, behavioral and developmental history
Communication Skills	Understanding and using spoken language--screening/evaluation
Intellectual	Group or individual intelligence
Other:	_____

A summary of these evaluations will be shared with you. If you have any questions, please contact:

_____ at _____
(Name) (School)

PARENTAL CONSENT

Please sign A or B and return to: _____.

A. **YES.** I give my permission for my child to receive evaluation services. I have received the attached copy of the Handbook of Parents' Rights (due process procedures).

_____ __/__/__ _____
(Name) (Date) (Relationship)

B. **NO.** I do not give permission for my child to receive evaluation services. I have received a copy of the Handbook of Parents' Rights (due process procedures).

_____ __/__/__ _____
(Name) (Date) (Relationship)

DIRECTIONS - DEC 2

- *Within 30 calendar days after referral is made, the student's parent or guardian must be sent a written notice describing the evaluation procedure which will be followed and requesting written consent for the evaluation.*

- Complete top of form, including name of parent or guardian. Indicate date form is sent on appropriate line.

- Indicate person in the school that parent is to contact if there are questions.

- **Send DEC 3 (Handbook of Parents' Rights) with DEC 2.**

  When DEC 2 is returned, indicate date returned on appropriate line. Place form in child's folder.

- The "sign and return to" section is not completed if parent signs DEC 2 in person. In this instance, "date sent" and "date returned" would be the same.

division for
exceptional
children

HANDBOOK ON PARENTS' RIGHTS

DIVISION FOR EXCEPTIONAL CHILDREN
SUPPORT SERVICES AREA
N.C. DEPARTMENT OF PUBLIC INSTRUCTION

APRIL, 1988

HANDBOOK ON PARENTS' RIGHTS

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SUMMARY OF LAWS GOVERNING RIGHTS OF PARENTS

North Carolina has had special education in the public schools since the 1949-50 school year, but it was not until the 1970's that the State had special education mandated (required) by the General Assembly to provide education for all children with special needs. **Special education** means specially designed instruction, at no cost to the parent, to meet the unique needs of the **exceptional child** and may include classroom instruction, home instruction, instruction in hospitals and instruction in residential facilities. Children with special needs include children who are **autistic, academically gifted, hearing impaired, mentally handicapped, multihandicapped, orthopedically impaired, other health impaired, pregnant, behaviorally-emotionally handicapped, specific learning disabled, speech-language impaired, and visually impaired**. Although North Carolina had special education laws for some of these children, it was not until 1977 that the General Assembly passed a law for all exceptional children. This law was called "An Act to Provide for a System of Educational Opportunities for all Children Requiring Special Education," (commonly known as the Creech Bill and now referred to as "Article 9"). This law was modeled on the federal law, P.L. 94-142, "The Education of All Handicapped Children Act of 1975."

The following are required or provided for in the laws:

-All children with special needs, ages 5 through 20, must be provided a free appropriate public education. **This means that services are available to children with special needs, ages 5 through 20.** School systems may choose to serve children with special needs who are ages 3-4 or 21 and over.

-Special needs children must receive this education at no cost to their parents.

-Each child must receive an education designed to meet the child's own needs.

-Parents must be allowed to participate in educational decisions about their children.

-The child must be evaluated with tests or instruments which do not discriminate (make a difference) because of his/her special needs.

-Parents may see all of the education records for their child. The parents must give permission for school records to be shared with anyone not involved in the education of the child.

-Each child with special needs should be placed in a program as much like regular class as possible. Some children with special needs may be able to stay in the regular class with special education resources, but others may need a special class or a special school.

-Children will normally be served within the public school system. Sometimes it may be necessary for the school system to place a child in a private school, another school system, or some other approved program in order to meet the child's needs.

-Parents may disagree with the evaluation, placement recommendation or the provision of a free appropriate public education for the child through a due process hearing. Due process means the rights that a person has and can expect.

YOUR RIGHTS AS A PARENT

The parent of a child receiving special education or being considered for special education is guaranteed certain procedural safeguards (rights) under state and federal laws which relate to pupil referral, evaluation, program planning, placement , review and appeals. **The rights listed in this handbook apply to parents of handicapped, academically gifted and pregnant students, except where indicated.**

Referrals

When any person or agency thinks that a child may need special education services, that person or agency should tell school personnel in writing the reason(s), for referring the child for testing/evaluation. The referral should include the child's specific problem and the child's current strengths and weaknesses. If the child is enrolled in a public school, the referral should be given to the child's teacher or principal. If the child is not enrolled in a public school, the referral should be given to the local superintendent of schools.

Evaluation Procedures

After a child has been referred to determine his/her need for special education services, an evaluation process must be followed. The following specific procedures protect the rights of students and their parents:

A. Written prior notice of their rights must be given to parents in the language they best understand. The parents must give written permission before the first individual evaluations are begun.

B. Testing and evaluation materials must be selected and administered so as not to be racially or culturally biased (against the child).

C. Before any action is taken in the initial placement of a child in a special education program, a full and individualized evaluation must be done.

D. The school unit must meet the following six requirements in its evaluation procedures:

1. The tests must be:

   a. given in the child's native language or other mode (way) of communication and

   b. validated (useful) for the specific purpose for which they are used. For example, achievement tests may not be used to measure intellectual ability.

2. The selected tests and other evaluation materials must include those designed to measure specific areas of educational need and not merely those designed to provide a single general measure of intelligence. (The tests must look at the area in which the child seems to be weak.)

3. The tests must allow for impaired vision, hearing, manual or speaking skills so these impairments do not lower test scores.

4. The evaluation must be done by trained specialists with knowledge in the area of the child's suspected disability or special need.

5. The child must be evaluated in all areas related to the suspected disability or special need as required in the State Board of Education's Procedures Governing Programs and Services for Children with Special Needs.

6. One test or procedure is not enough to determine the educational program a child might need.

E. A reevaluation of a child with special needs must be conducted at least once every three years, or more often, if necessary.

Independent Evaluation

If the parents feel that the evaluation is not adequate to determine the child's special needs, they have the right to an independent educational evaluation. This evaluation must be given by a qualified examiner who is not employed by the school system responsible for the child's education.

The following parental rights concerning evaluation procedures are related to obtaining an independent educational evaluation:

A. Parents have the right to be given, on request, information about where an independent (done outside the school system) educational evaluation may be obtained. This request should be sent to the local director of programs for exceptional children or his/her designee.

B. Parents have the right to be told about the requirements used for selecting a qualified examiner. The requirements for an independent educational evaluation must be the same as those used by the school system. The requirements may be obtained from the local director of programs for exceptional children.

C. The independent educational evaluation will be provided at no cost to the parents if it is agreed by the parents and the school system that the existing evaluation is not appropriate. However, the school system may ask for an impartial due process hearing to show that its evaluation is appropriate. If the final decision determines that the evaluation is appropriate, the parents still have the right to an

independent educational evaluation. However, such an evaluation would not be provided at public expense. The results from the independent educational evaluation, as well as other test results maintained by the school system, will be considered in special education decisions regarding the child.

D. An impartial hearing officer may initiate the order for an independent educational evaluation at public expense or may grant a parent's request for such evaluation at public expense during the course of a due process hearing. The hearing officer will not be an employee of the school.

E. Parents should not purchase an evaluation for their child and expect the public school system to pay for it unless they have received written approval from the appropriate person in the public school system.

Individualized Education Program (IEP) for the Handicapped, Group Education Program for the Academically Gifted (GEP) and Educational Program for the Pregnant

After the evaluation process is completed, a decision must be made to determine if a child needs special education and/or related services. This decision is to be made by a group of persons knowledgeable about the child, the meaning of the evaluation data and the placement options (choices).

I. Individualized Education Program

If a decision is made that a handicapped child needs special education and related services, then an individualized education program (IEP) must be developed within thirty (30) days of that determination. An IEP is a written plan for the special education and/or related services that will be provided to a particular child. An IEP must be developed before special education and related services are provided to a child and the services must start as soon as possible following the meeting in which it was developed. The school system is required to hold meetings at least once a year, or more often if necessary, to review each child's IEP and to revise it, if appropriate.

A. The people in the meeting to develop the IEP must include:

1. someone from the school system, other than the child's teacher, who is qualified to provide or supervise special education;

2. the child's teacher;

3. one or both of the parents;

4. the child, where appropriate; and

5. other individuals at the choice of the parent or the school system.

B. If the child is being considered for special education for the first time, the school system must have:

1. a member of the evaluation team participate in the IEP meeting, or

2. someone from the school system, the child's teacher, or some other person present at the meeting who is knowledgeable about the evaluation procedures used with the child and who knows about the results of the evaluation.

C. The school system must notify the parents of the IEP meeting early enough to give them the opportunity to attend. Also, the school system must schedule the meeting at a mutually convenient time and place (when school staff and parent can meet).

D. The notice must state the purpose, time and location of the meeting and who will be attending for the school system.

E. If the school system cannot get a parent to come to an IEP meeting, the meeting may be held, as long as the school system has a record of its efforts to involve the parent.

F. The school system must assure that parents understand what happens at the IEP meeting. For instance, if the parents do not speak English and request an interpreter, one will be provided by the school system.

G. The school system must furnish a copy of the IEP to the parent, if requested.

H. The written IEP must include:

1. a statement of the child's present level of educational performance;

2. a statement of goals for the year, including short-term instructional objectives;

3. a statement of the special education and related services to be provided;

4. how much the child will be able to participate in regular education programs;

5. the date services are expected to begin; and

6. appropriate objective criteria, evaluation procedures, and schedules for determining, at least annually, whether instructional objectives are being achieved (if child is making progress).

II. Group Education Program (GEP)

For students identified as academically gifted, group education programs (GEPs) are to be written. For students whose special needs are not adequately addressed by the GEP, an individualized component shall be written. The GEP is written to describe the special instructional program that is to be used for a group of two or more academically gifted students who have the same academic needs. The GEP is to be written before the children receive services and must be reviewed at least once a year to make decisions about the next year's services.

A. The written GEP must include:

1. a brief statement about the content of the program;

2. goals for the year;

3. how it will be determined that the goals have been met;

4. additional needs, if any, of a student(s) that are not already included on the GEP and a description of further modifications; and

5. documentation of opportunities for parents to participate in the GEP.

B. Because the GEP is written for a group of academically gifted students, the teacher responsible for providing the services described in the GEP is responsible for Group Education Program development. Group or individual meetings with parents to develop the GEP may be held. Students may also participate, if appropriate.

III. Educational Program for Pregnant School Girls

A written educational program is to be developed for each pregnant school girl who is in need of special educational services. Pregnant students with special educational needs are those who, because of their pregnancy, require special education and/or related services other than that which can be provided through regular educational services.

When a student is pregnant and it appears that her educational needs cannot be met in a regular class, she should be referred to the school-based committee (SBC). The parent must be contacted after the referral is made to give consent for any additional evaluations that might be needed and to be involved in deciding the services to be provided to the student.

Related Services

I. "Related Services" is defined in the State Board of Education's Procedures Governing Programs and Services for Children with Special Needs as follows:

> *"transportation and such developmental, corrective, and other supportive services as are required to assist a child with special needs to benefit from special education, and includes speech pathology and audiology, psychological services, physical and occupational therapy, recreation, early identification and assessment of disabilities in children, counseling services, and medical services, for diagnostic or evaluation purposes. The term also includes school health services, social work services in schools, and parent counseling and training."*

To be eligible to receive related services, a child must:

1. have one or more of the special needs listed in the definition from the State Board of Education's Procedures. Children with special needs include those children who are **autistic, academically gifted, hearing impaired, mentally handicapped, multihandicapped, orthopedically impaired, other health impaired, pregnant, behaviorally-emotionally handicapped, specific learning disabled, speech and/or language impaired and visually impaired;**

2. require special education (Not all children who have a special need require special education; many can and should attend school without any program modification.); and

3. require the related service in order to benefit from the special education instruction.

Least Restrictive Environment

As much as possible, the special needs child must participate with children who have not been identified as having special needs in non-academic, academic and extracurricular activities such as meals, recess, counseling, athletics, special interest groups and clubs. Special classes, separate schooling, or other removal of special needs children from the regular educational environment must occur only when the nature or severity of the special need is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. In looking at the least restrictive environment, decisions must be made on the basis of the individual child's educational needs.

The federal and state laws require school systems to provide for a continuum of alternative placements, including:

1. regular classes;
2. regular classes with supportive services;
3. special classes;
4. special day schools;
5. hospital/home services; and
6. residential programs.

Placement

Placement is the end product of referral, identification, evaluation and the development of the IEP.

The school system must insure that:

1. the placement is based on the child's IEP;
2. placement is as close as possible to his or her home (Unless the IEP requires some other arrangement, the child is to be educated in the school which he/she would attend if not handicapped.); and

3. placement is reviewed and determined at least annually.

Prior Notice

Federal and state laws require that a very specific type of written notice be given to the parents of a child with special needs before the school system initiates or changes, or refuses to initiate or change, the identification, evaluation, or placement of a child or the provision of a free appropriate public education for the child.

A. The prior notice must include a full explanation of all of the procedural safeguards (rights) available to the parents under federal and state laws. Specific content includes the following:

   1. a description of the action proposed or refused by the school system;

   2. an explanation of why the school system proposed or refused to take the action;

   3. a description of any options the school system considered and the reasons why those options were rejected;

   4. a description of each evaluation procedure, test, record, or report the school system will use as a basis for the proposal or refusal; and/or

   5. a description of any other factors which are relevant to the school system's proposal or refusal.

B. The prior notice must be written.

C. The notice must be written in language understandable to the general public.

D. The notice must be given in the parents' native language or other mode of communication used by the parents.

Access to Student Records and Confidentiality of Information

A. The school system must permit parents to inspect and review any educational records relating to their child. The school system should respond without unnecessary delay, and in no case more than 45 days, after the request has been made. A quick response is required when records are needed prior to any meeting relating to the child's

identification, evaluation, or placement, or to the provision of a free appropriate public education for the child.

B. The school system must respond to a reasonable request for explanation and interpretation of the records, and must provide, upon request, a list of the types and locations of records maintained.

C. The school system must provide copies of the records if failure to provide those records would effectively prevent (keep) the parents from exercising the right to review and inspect those records.

D. The parents have the right to restrict (not allow) access to their child's records by withholding consent to disclose records.

E. The parents have the right to be told with whom information has been shared.

F. The parents have the right to be informed before information in the child's file is to be destroyed.

G. If a parent believes that information in the record is inaccurate, misleading or violates the child's privacy or other rights, he or she can request that the school system amend the record. If the school system decides not to amend the record, it must inform the parent of the refusal within a reasonable time after the initial request. The school system must advise the parent of the right to an impartial due process hearing.

H. If, as a result of the hearing, the system's refusal to amend the record is upheld, then the parents must be informed of their right to place a statement in the records commenting on the information or explaining their disagreement with the school system.

I. Parents have the right to request that records pertaining to the identification, placement and special educational programming of children with special needs be destroyed if no longer needed to provide educational services to the child.

Consent

A. Parental consent must be obtained by the school system before an initial preplacement evaluation is conducted.

B. Parental consent must also be obtained by the school system before a child is initially placed in special education.

C. If a parent refuses to consent, the school system may initiate an impartial due process hearing to determine if the child should be initially evaluated or initially placed. The parents have the right to protest the proposed action at the hearing.

D. If the hearing officer upholds the school system, the school system may evaluate or initially provide special education or related services to the child without the parent's consent. The parent still has the right to appeal to the state education agency and, ultimately, to go into court.

Mediation

If the parents and the school system cannot agree on the identification, evaluation, program, or placement of the child, then a third party could be invited to mediate (talk to both sides about the problem). Mediation is not a procedure required by law, but it is one attempt to resolve the issue(s) rather than going to a formal hearing by an impartial hearing officer. If a resolution that is satisfactory to both parties can be reached through mediation, much time and expense to both parties of the formal hearing process, including possible appeal of the hearing decision, can be avoided. Mediation, however, cannot be used by either party just to delay a formal due process hearing or other legal procedure.

Impartial Due Process Hearing and State Review

A parent or the school system may request an impartial due process hearing to challenge the identification, evaluation, or placement of a child, or provision of a free appropriate public education for the child.

A. The parents must send a written request for a hearing to the local school superintendent within 30 days after receiving notice of the school system's proposed action (what the school planned to do).

B. The school system will inform parents of free or low-cost legal services.

C. The hearing must be conducted by a person who is not employed by the public agency involved in the education of the child and who has no professional or personal interest in the hearing (what impartial means).

D. The parents have the right to see a statement of the qualifications of the impartial hearing officer.

E. The parents have the right to bring to the hearing and to be advised by counsel and individuals with special knowledge or training in problems of children with special needs.

F. The parents have the right to have their children present.

G. The parents have the right to request that the hearing be open to the public.

H. The parents and the school system have the right to present evidence and confront, cross-examine and compel the attendance of witnesses.

I. The parents and the school system have the right to prohibit (stop) the introduction of any evidence at the hearing that has not been disclosed to them at least five days before the hearing.

J. The parents have the right to obtain written findings of fact and a written decision within 45 days after the school system received the initial request for the hearing.

K. The parents and the school system have the right, within 30 days after receiving the written decision, to appeal the findings of the local hearing officer to the state education agency and to receive a decision within 30 days of the filing of an appeal.

L. The parents have the right to request such a state review set at a time reasonably convenient to them.

M. The parties have the right to appeal a decision from the state education agency into court.

N. The parents may be reimbursed for reasonable attorneys' fees and other costs, as awarded and determined by a court, should they be the prevailing party in a due process hearing or court action. **This provision, the reimbursement of attorneys' fees, <u>does not</u> apply to academically gifted or pregnant students.**

O. The parents have the right to request that the child remain in his/her present educational placement during the time of the due process hearing, unless the parents and the school system agree otherwise.

COMMITTEES IN THE PLACEMENT PROCESS

The decision to place a child in a program for children with special needs must be made by a group of persons. The evaluation of the child must also be done by a group of persons. **No decision can be made by one person.**

The committees that could be involved in the evaluation and placement of a child with special needs are:

1. School Assistance Team or Building-Based Staff Support Team--This team is a regular education team that helps teachers decide on ways to solve problems of different children. The team may sometimes refer a child for a special education evaluation.

2. School-Based Committee--This committee is responsible for receiving special education referrals, involving parents in the planning and development of programs, getting parental permission to test and to place, seeing that the child is tested, seeing that an IEP, GEP or written plan is developed, and making sure an evaluation is done at least each year.

3. IEP Committee--This committee works with the parent to write the child's IEP. For an academically gifted child, the GEP is developed by the teacher and the parent or group of parents.

4. Administrative Placement Committee--This is a central office committee that makes all final decisions about the placement of a child. This committee can ask a parent to meet with it if a placement discussed by the school-based committee seems to need a change. Any changes will be included in the IEP by asking the IEP committee to meet again. If the changes are minor, the parents may choose to just initial the changes.

In many local school administrative units, one or more of these committees may be combined and meet as one committee.

THE RIGHTS OF SURROGATE PARENTS

Under federal and state laws, the school system has the responsibility to appoint a surrogate parent for a child with special needs for the following reasons:

A. when no parent can be identified;

B. when the school system, after making reasonable efforts, cannot find or discover the whereabouts of a parent; or

C. when the special needs child is a ward of the state.

A surrogate parent represents the interests of the child with special needs in all matters relating to his/her identification, evaluation, educational placement, and the provision of a free appropriate public education. Surrogate parents have the same rights of parents as described in this Handbook on Parents' Rights.

REQUIRED SCREENING AND EVALUATION (PROCEDURES .1510)
Prior to Placement in Exceptional Children Programs and Reevaluation

Use this chart to determine the specific screening and evaluation procedures to be administered for each category of exceptionality. Each procedure required must be administered and copies of evaluation reports placed in child's folder.

	Academically Gifted	Autistic	Hearing Impaired	Educable Mentally Handicapped	Trainable Mentally Handicapped	Severely Profoundly Handicapped	Multihandicapped	Other Health Impaired	Orthopedically Impaired	Behaviorally-Emotionally Handicapped	Specific Learning Disabled	Speech - Language Impaired	Visually Impaired	Pregnant
1. Review of early history		X												
2. Educational evaluation	X	X	X	X	X	X	X	X	X	X	X	X		
3. Psychological evaluation		X		X	X	X	X				X			
4. Adaptive behavior evaluation		X		X	X	X	X							
5. Speech - language screening (followed by an evaluation when appropriate)		X		X	X	X						X		
6. Speech - language evaluation			X				X					X		
7. Hearing screening		X		X	X	X	X		X	X	X	X	X	
8. Audiological evaluation			X											
9. Otological evaluation			X											
10. Vision screening		X	X				X		X	X				
11. Vision screening (far & near acuity)				X	X	X					X			
12. Opthalmological or optometric evaluation													X	
13. Intelligence quotient/percentiles	X													
14. Scholastic Performance (based on grades or demonstrated skills/products)	X													
15. Health Screening (followed by medical evaluation when appropriate)				X										
16. Medical evaluation					X	X	X	X	X					
17. Psychomotor screening (followed by an in-depth evaluation when appropriate)				X	X	X	X		X					
18. Behavior/emotional evaluation in section .1509										X				
19. Cognitive evaluation in section .1509										X				
20. Social-developmental history in section .1509										X				
21. Screening procedures (i-iv) in section .1509 (7) (b) for initial placement											X			
22. Screening procedures (i, ii, iii, vi) in section .1509 (2)(a) for initial placement										X				
23. Medical diagnosis														X
24. Written recommendation verifying need for special education														X

DIRECTIONS - REFERENCE DEC 3

- *A referred student must receive a diagnosis and evaluation appropriate to meet his/her educational needs within thirty calendar days after sending written notice (DEC 2) to the parent or guardian.*

- Based on what the school-based committee suspects the student's area of exceptionality to be, refer to this chart for the appropriate screening/evaluations to be administered.

- Also refer to this chart if after the school-based committee meets, it determines a different exceptionality is suspected or additional testing is necessary. This chart may also be used for reevaluation purposes.

** **Place a copy of each evaluation report in the child's folder or indicate where located if in a combined report.** Indicate where screening information is located, i.e. cumulative folder or focus of concern.

Local School Administrative Unit

DEC 4/HCA

SUMMARY OF EVALUATION RESULTS

Student: _____ Grade: _____

School: _____

Check Purpose
[ ] Initial
[ ] Reevaluation
[ ] Other: _____

DATE	SCREENING INFORMATION	RESULTS
__/__/__	Vision Screening	Pass/Fail Far R 20/____ L 20/____ Near R 20/____ L 20/____
__/__/__	Hearing Screening	Pass/Fail _____ dB (Intensity level) _____ Hz (Frequencies)
__/__/__	Speech/Language Screening	
__/__/__	Psychomotor Screening	
__/__/__	Health Screening	
__/__/__	Other:	

DATE	EVALUATION INFORMATION	
__/__/__	Educational Evaluation	Test/Assessment: _____
	Results: _____	
__/__/__	Psychological Evaluation	Test: _____
	Results: _____	
__/__/__	Behavioral-Emotional Evaluation	Test: _____
	Results: _____	
__/__/__	Cognitive Evaluation	Test: _____
	Results: _____	
__/__/__	Speech-Language Evaluation	Test: _____
	Results: _____	
		Test: _____
	Results: _____	
__/__/__	Adaptive-Behavior Evaluation	Test: _____
	Results: _____	
__/__/__	Medical Evaluation	Assessment: _____
	Results: _____	
__/__/__	Other:	Test/Assessment: _____
	Results: _____	

SUMMARY OF EVALUATION RESULTS/PRESENT LEVEL OF PERFORMANCE

Strengths: _____

Needs: _____

Actual copies of evaluation reports must be placed in child's folder.

Parent Copy sent/given ____/____/____

Local School Administrative Unit

ACADEMICALLY GIFTED
SUMMARY OF EVALUATION RESULTS
STUDENT INFORMATION SHEET

STUDENT: _____

SCHOOL: _____ Grade: ____

CHECK PURPOSE:

[ ] Initial
[ ] Reevaluation
[ ] Other: _____

I SCREENING:

Available Data Used:

_____ IQ/Aptitude
_____ Achievement
_____ Performance Data
_____ Other :_____

			85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	Points:
Percentile																		
IQ/APTITUDE	Test _____ Date _____ _____ Composite or _____ Subtest (_____)		36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	_____ _____
ACHIEVEMENT	Test _____ Date _____ _____ Composite or _____ Subtest (_____)	Reading	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	_____
		Math	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	_____
			36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	_____
			36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	_____
																		Subtotal _____ _____

SCHOLASTIC PERFORMANCE:

_____ Academic Average
_____ Specific Subject Area Average (_____)
or
_____ Demonstrated Ability
(_____)

Grades	C	B-/C+	B	B+/A-	A	
Reading	6	7	8	9	10	
Math	6	7	8	9	10	
	6	7	8	9	10	
	6	7	8	9	10	

Subtotal _____ _____

II. Comments:

Total Points _____

III: For further information or clarification, please call _____ at _____.

Parent Copy sent/given; Date ___/___/___

DIRECTIONS - DEC 4/HCA - DEC 4(a)/HCA

- *Within fifteen calendar days after the evaluation is completed, the child's parent or guardian must be sent or given a written summary of the results along with proposals for meeting the child's educational needs.*

- Using screening and evaluation results, complete appropriate information on DEC 4/HCA (Summary of Evaluation Results) and send to parent or guardian. Indicate date sent at bottom of form. Check if information is for initial placement or reevaluation. Retain copy for child's folder.

FOR ACADEMICALLY GIFTED STUDENTS

- Complete and send DEC 4(a)/HCA instead of DEC 4/HCA.

NOTE: DEC 4/HCA and DEC 5/HCA may be sent at the same time. The parent may also be invited to participate in the development of the IEP/GEP/written plan at this time. Check appropriate lines on DEC 5/HCA which indicate what will be discussed at the meeting.

_____

Local School Administrative Unit

DEC 5/HCA

INVITATION TO CONFERENCE

Check Purpose

[ ] Initial Placement [ ] Change in Placement
[ ] Review [ ] Exit from Program
[ ] Reevaluation [ ] Other: _____

_____

Dear _____: Date Sent ____/____/____

Re: _____(Student's Name)

For a child to receive the education he/she needs, it is important for the school and the parents to work together. We are requesting that you attend a conference to discuss _____'s special needs.

At this meeting, we would like to discuss one or more of the following:

___ Ways to meet the educational needs of your child
___ Evaluation results
___ Develop or change the Individualized Education Program (IEP), Group Education Program (GEP), or written education program.
___ Other: _____

The following people will be involved with the meeting:

Name	Position	Name	Position
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	

The meeting is scheduled for (date) _____, at (time) _____, (place) _____ _____. If this time is inconvenient, I will be happy to reschedule the meeting. Please call (phone) _____.

Sincerely,

_____
School-Based Committee Chairperson

_____
School

*NOTE: **You are entitled to all the due process rights in the Handbook of Parents' Rights, which you received.**

****

PLEASE CHECK ONE, SIGN, AND RETURN TO SCHOOL:

[ ] I will be present for the Conference.
[ ] I will not be able to attend. Please have the meeting without me. I understand that I may attach comments to this paper.
[ ] I cannot meet at this time. I will contact the school in order to arrange another time.

_____
Parent/Guardian Signature

____/____/____
Date

*** PLEASE RETURN THIS FORM TO THE SCHOOL ***

(Date Received: _____/_____/_____)

2nd Notice ____/____/____
Date

*Note: Retain a copy in child's folder.

DIRECTIONS - DEC 5/HCA

- *Within twenty calendar days after the evaluation is completed, the school-based committee must schedule a conference with the child's parent or guardian to interpret the results of the evaluation. In no event shall the conference be held later than 30 calendar days after the day of scheduling.*

- Complete all items on the DEC 5/HCA form and indicate date sent to the parent or guardian. Retain copy for child's folder.

- Second notice (DEC 5/HCA) may be a phone call. If so, document on form.

- After DEC 5/HCA is returned, indicate date on appropriate line.

NOTE: DEC 4/HCA and DEC 5/HCA may be sent at the same time. The parent may also be invited to participate in the development of the IEP/GEP/written plan at this time. Check appropriate lines on DEC 5/HCA which indicate what will be discussed at the meeting.

_____

Local School Administrative Unit

DEC 6/HCA

MULTIDISCIPLINARY TEAM REPORT -- SPECIFIC LEARNING DISABILITIES

Student: _____

School: _____

CHECK PURPOSE
[ ] Initial Placement
[ ] Reevaluation
[ ] Transfer

Date of Meeting: ___/___/___

A. Wechsler Scale _____ Other _____:
FS _____ V _____ P _____

B. A specific learning disability is noted in one or more of the following areas and the specific learning disability is documented as follows:

DISCREPANCY BETWEEN ABILITY AND ACHIEVEMENT			
AREA	IQ	ACHIEVEMENT	DISCREPANCY
Oral Expression			
Written Expression			
Mathematics			
Listening Comprehension			
Reading			

C. The relevant behavior(s) noted during the observation: (Note those behaviors frequently associated with SLD):

_____

_____

D. The above behavior affects the student's academic functioning as follows: (State why the observed behavior has a negative effect on child's functioning in the academic area(s) in which a discrepancy was noted.)

_____

_____

E. Are there educationally relevant medical findings? [ ] yes [ ] no
If yes, explain: _____

_____

F. The following have been ruled out as primary causes for substantial discrepancy between ability and achievement.

[ ] a. Sensory/Motor Handicaps
[ ] b. Mentally Handicapped
[ ] c. Behaviorally/Emotionally Handicapped
[ ] d. Environmental, Cultural and/or Economic Influences
[ ] e. Lack of Appropriate School Experiences

G. a. Is there a significant discrepancy between current achievement and ability? [ ] yes [ ] no
b. Is the discrepancy correctable without special educational and related services? [ ] yes [ ] no

NOTE:
Signatures of multidisciplinary team members are to be recorded below signifying agreement. A team member in disagreement with the team decision must submit a separate statement presenting his/her conculsion.

Signatures and Position	Agree	Disagree

DIRECTIONS - DEC 6/HCA

The "Multidisciplinary Team Report" is compiled to determine eligibility for services in the program for specific learning disabilities. Required content of this report is in statements A through G and all must be addressed.

Review the information on the "Summary of Evaluation Results" form. Check if for initial placement or review and complete date. Complete student information. The example below was generated using such information:

A. Weschler Scale _X_ Other _____: FS 100 V 94 P 106

B. A specific learning disability is noted in one or more of the following areas:

DISCREPANCY BETWEEN ABILITY AND ACHIEVEMENT			
AREA	IQ	ACHIEVEMENT	DISCREPANCY
Oral Expression			
Written Expression	100	84	16
Mathematics	100	82*	18
Listening Comprehension			
Reading	100	80	20

*Cluster score from Woodcock-Johnson

C. The relevant behavior(s) noted during the observation:
- Greater success with tasks when concrete materials are available.
- Difficulty participating in activities requiring sight vocabulary but can succeed when given the opportunity to use phonetic analysis.

D. The above behavior affects the student's academic functioning as follows:
- Cannot complete mathematics problems involving regrouping (carrying).
- Withdraws when activities involve oral participation in reading.
- Difficulty with transfer and generalization of basic skills.

E. Are there educationally relevant medical findings? [ ] Yes [X] No
If yes, explain: _____

_____

F. The following have been ruled out as primary causes for substantial discrepancy between ability and achievement:

_X_ a. Sensory/Motor Handicaps
_X_ b. Mental Handicap
_X_ c. Behaviorally/Emotionally Handicapped
_X_ d. Environmental, Cultural, and Economic Influences
_X_ e. Lack of Appropriate School Experiences

G. a. Is there a significant discrepancy between current achievement and ability?
[X] Yes [ ] No

b. Is the discrepancy correctable without special educational and related services?
[ ] Yes [X] No

***SIGNATURES**: All members must sign and show concurrence or dissent. See section .1509 (7) (d) of Procedures for required team members.

_____
Local School Administrative Unit

ELIGIBILITY CRITERIA--
BEHAVIORALLY-EMOTIONALLY HANDICAPPED

Date of Review: ___/___/___

Check Purpose
[ ] Initial Placement
[ ] Reevaluation
[ ] Transfer

I. A student must evidence one or more of the following characteristics of the definition of BEH in order to be identified. The SBC should indicate which characteristic(s) the student exhibits by checking in the appropriate space.

A. Inability to achieve adequate academic progress (not due to a learning disability or mental handicap).
Yes ___ No ___

B. Inability to maintain satisfactory interpersonal and/or intrapersonal relationships.
Yes ___ No ___

C. Inappropriate or immature types of behavior or feelings under normal conditions.
Yes ___ No ___

D. A general pervasive mood of unhappiness or depression.
Yes ___ No ___

E. A tendency to develop physical symptoms, pains or fears associated with personal or school problems.
Yes ___ No ___

II. A student must meet <u>all</u> the five criteria listed below in order to be identified BEH. The behaviors must be long standing, occur regularly and often enough to consistently interfere with the student's own learning process.

A. Is there evidence that the student, after receiving supportive regular educational assistance, still exhibits a behavioral-emotional disorder consistent with the definition?
Yes ___ No ___

B. Is there evidence that the disability is not the result of social mal-adjustment, a physical, sensory, or intellectual deficit; or lack of appropriate instruction or management of behavior?
Yes ___ No ___

C. Is there evidence that the student's own learning process is consistently and significantly disrupted?
Yes ___ No ___

D. Is there evidence that the patterns of behavior occur in more than one setting over an extended period of time?
Yes ___ No ___

E. Is there evidence of a marked deviance from the student's peer group?
Yes ___ No ___

DIRECTIONS - DEC 6(a)/HCA

The "Eligibility Criteria" is compiled to determine a student's eligibility for services in the program for the behaviorally-emotionally handicapped.

Complete student information.

- Indicate the date that the eligibility criteria are being reviewed. This review should occur when the other evaluation procedures are considered and prior to the development of the IEP.

- To complete the form, review information from the Focus of Concern/Screening, teacher comments and Summary of Evaluation Results.

_____ DEC 7/HCA

Local School Administrative Unit

INDIVIDUALIZED EDUCATION PROGRAM/SERVICE DELIVERY PLAN

Student: _____

School: _____

Check Purpose
- [ ] **Initial Entry**
- [ ] **Annual Review**
- [ ] **Reevaluation**
- [ ] **Other:** _____

I. **AREA OF ELIGIBILITY** (mark only primary condition)
- [ ] Autistic
- [ ] Academically Gifted
- [ ] Behaviorally/Emotionally Handicapped
- [ ] Hearing Impaired
- [ ] Mentally Handicapped
  - [ ] EMH [ ] S/PMH [ ] TMH
- [ ] Multihandicapped
- [ ] Orthopedically Impaired
- [ ] Other Health Impaired
- [ ] Deaf-Blind
- [ ] Specific Learning Disabled
- [ ] Speech and Language Impaired
- [ ] Visually Impaired

II. **RELATED SERVICES**
- [ ] Physical Therapy
- [ ] Occupational Therapy
- [ ] Speech-Language
- [ ] Transportation
- [ ] Audiology
- [ ] None
- [ ] Other _____

III. **RECOMMENDATIONS FOR NC TESTING PROGRAMS:**

Annual Testing	Competency Testing	Exempted
[ ] Standard Administration	[ ] Standard Administration	[ ] CAT [ ] MSDT
[ ] Will take with modifications:	[ ] Will take with modifications	[ ] End-of-Course
[ ] CAT [ ] MSDT		[ ] Competency Test
[ ] End-of-Course		

Specify Modifications: _____

IV. **LEAST RESTRICTIVE ENVIRONMENT**

A. **CONTINUUM OF SERVICES:** Check the services considered by the committee, and circle the decision reached. Give reason(s) for options rejected and the decision reached. Time is based on a 5 1/2 - hour day.
- [ ] Regular - Less than 21% of day (up to 1 hr., 15 min.)
- [ ] Resource - 21% - 60% of day (1 hr., 15 min. to 3 hr., 30 min.)
- [ ] Separate - 61% or more of day (excess of 3 hr., 30 min.)
- [ ] Public Separate School -100%
- [ ] Private Separate School-100%
- [ ] Public Residential-100%
- [ ] Private Residential-100%
- [ ] Home/Hospital-100%

Reason(s) for options rejected _____

Reason(s) for decision reached _____

B. **PERCENTAGE OF TIME IN EXCEPTIONAL EDUCATION ____% AND RELATED SERVICES (EXCLUDING TRANSPORTATION) ____%.**

C. **DESCRIPTION OF THE REGULAR PROGRAM TO BE PROVIDED:** (Check where appropriate)
- [ ] Reading
- [ ] Social Studies
- [ ] Recess
- [ ] Art/Music
- [ ] Library
- [ ] Science
- [ ] Math
- [ ] English
- [ ] Assemblies
- [ ] Language Arts
- [ ] Lunch
- [ ] Writing
- [ ] Vocational
- [ ] Homeroom
- [ ] Spelling
- [ ] Physical Education
- [ ] None
- [ ] Electives

V. **INDICATE VOCATIONAL SERVICES TO STUDENTS 14 YEARS AND OLDER:**

VI. **IS ADAPTIVE PHYSICAL EDUCATION REQUIRED?** [ ] Yes [ ] No

VII. **IEP COMMITTEE/PARENT PARTICIPATION**

We have participated in the development and writing of the IEP/GEP:

Signatures _____ Position _____

Date of Meeting: ___/___/___

A. Student: _____

Grade: ____ School: _____

Annual Goal(s) _____

_____

_____

B. Date: From _____
(mo.) (day) (yr.)

To _____
(mo.) (day) (yr.)

C. Present Level(s) of Performance
(Summarize evaluation results):

_____

_____

_____

_____

D.

Short-term Instructional Objectives	Evaluative Criteria	Date Attained

DIRECTIONS - DEC 7/HCA

. *Each handicapped child's educational placement must be based on his or her individualized education program (IEP). Steps must be taken to ensure parent participation. Refer to section .1512 of Procedures for individuals who must be involved in the development and writing of the IEP.*

. **Each Academically Gifted student must have a service delivery plan to address the least restrictive environment and parental participation in the GEP process. The following must be completed on the service delivery plan: Sections I, IV and VII.****

Complete student information.

I. - II. Check the specific area of exceptionality and/or related services the child will receive.

III. Check any modifications of Annual Testing or Competency Testing which apply.

IV. A. Check all options considered by the committee. "Circle" the option chosen and give reasons where indicated. (Time frames in parentheses refer to extent of time in exceptional child program.)

B. Indicate the actual percentage of time the child will receive services in exceptional education and related services. Exclude transportation. Indicate each on the appropriate line.

C. Check appropriate areas where child will participate in regular education.

V.-VI. Indicate vocational services, if applicable, and determine if child needs adaptive physical education.

VII. Members of the IEP/GEP committee sign names and positions.** If committees are combined, persons will need to sign here and on other forms.

Page 2

A. - B. Complete student information, annual goals and duration of IEP services (dates).

C. Indicate child's present level of performance by summarizing evaluation results from DEC 4/HCA, or review of previous IEP for annual reviews.

D. Complete each section. Refer to section .1512 of Procedures for more information.

Date attained is to be completed at least annually to show whether the short-term objectives are achieved.

Additional pages may be needed to complete this section.

NOTE: A computerized version of page 2 may be used; however, the content (components) must be maintained.

Annual Reviews

. At least annually, the IEP/GEP committee reviews the child's present IEP or GEP and indicates the date objectives were attained.

. A new DEC 7/HCA (including page 2 or DEC 7(a)/HCA) is completed. "Annual Review" is checked under purpose.

. The IEP/GEP committee signs and dates the meeting.

** If a local educational agency elects, all parents of the academically gifted may sign one sheet indicating participation in the GEP. Indicate "central file" in section VII.

_____
Local School Administrative Unit

GROUP EDUCATION PROGRAM FOR ACADEMICALLY GIFTED

School: _____ School Year: 19____

Program Type: _____ Subject Area: _____

Instructor's Name: _____ Grade Level: _____

PROGRAM CONTENT:

ANNUAL GOALS:

METHODS AND PROCEDURES FOR DETERMINING THAT GOALS HAVE BEEN MET:

ADDITIONAL NEEDS (if any):

DOCUMENTATION OF PARENT PARTICIPATION OPPORTUNITIES:

See DEC 5/HCA in individual resource folders of students whose names appear on the attached list for documentation of parent participation opportunities. Other meetings or parent participation:

****ATTACH LIST OF NAMES OF STUDENTS SERVED TO MASTER GEP.**

DIRECTIONS - DEC 7(a)/HCA

- *Each local school administrative unit must prepare Group Education Programs (GEPs) for academically gifted students. Opportunities for parental participation must be documented.*

- Complete information at top of the form. The teacher responsible for implementation shall be responsible for GEP development.

PROGRAM CONTENT

A one- or two- sentence capsule of what will occur; program content may be more complete if it includes information about the frequency of class meetings, the course content, and/or any special features of the program such as independent study, mentorship, enrichment, etc.

ANNUAL GOALS

Several program-related goals that further explain the program content should be included. Goals should provide broad statements of content and curriculum that are different from the regular curriculum and more appropriate for academically gifted students. Goals should not necessarily be limited to cognitive areas alone.

METHODS AND PROCEDURES FOR DETERMINING THAT GOALS HAVE BEEN MET

This evaluation component includes content implementation. Include types of activities, teaching styles, enrichment program topics, individualization methods, and special emphasis within the content.

ADDITIONAL NEEDS

The GEP, by design, should effectively outline an appropriate academically gifted program for the majority of students served. Through higher levels of thinking, divergent interests of students and the use of varied content and product methods, a certain amount of student individualization occurs. For some students who have abilities or needs beyond the scope of the GEP, an individualized education program (IEP) will be necessary.

PARENT PARTICIPATION

Be sure that invitation to GEP conference (DEC 5/HCA) is in child's folder. Document any other meetings or attach list of parents who participated in GEP meeting (signatures).

WRITTEN EDUCATION PROGRAM FOR PREGNANT SCHOOL GIRLS

Student: _____ Grade: _____ Date to Begin Services: ___/___/___

School: _____ Instructor's Name: _____

I. Description of the Instructional Program to be Provided:

II. Continuum of Services: Check the services considered by the committee, and circle the decision reached. Give reason(s) for options rejected and the decision reached.

[ ] Regular - Less than 21% of day
[ ] Resource - 21% - 60% of day
[ ] Separate - 61% or more of day
[ ] Public Separate School - 100%
[ ] Private Separate School - 100%
[ ] Public Residential - 100%
[ ] Private Residential - 100%
[ ] Home/Hospital - 100%

Reason(s) for options rejected: _____

Reason(s) for decision reached: _____

III. Parental Participation

I have participated in the development of this written education program:

_____ Date: ___/___/___
Parent's Signature

DIRECTIONS - DEC 7(b)/HCA

- *Local school administrative units must develop a written program to meet the special educational needs of pregnant school girls.*

- The teacher responsible for implementation of the written education program completes student information.

I. **Description of Instructional Program**

A one- or two- sentence capsule of the special education instruction the student will receive. Indicate such information as frequency of instruction and special modifications.

II. **Continuum of Services**

Check options considered for the student. "Circle" the option chosen and give reasons where indicated.

III. **Parental Participation**

Parents indicate participation by signing and dating form. Be sure to place DEC 5/HCA in student's folder.

_____
Local School Administrative Unit

RECOMMENDATION/APPROVAL FOR PLACEMENT

Student: _____
School: _____

Check Purpose:
[ ] Initial Placement
[ ] Reevaluation
[ ] Change in Placement/Setting
[ ] Other: _____

School-Based Committee Date ___/___/___

We have reviewed all the required documentation and
___ (a) __do __do not recommend placement of _____ in the _____ program,
___ (b) recommend continued placement,
___ (c) recommend a change in placement/setting to _____, or
___ (d) recommend exit from the _____ program.

Signature Position

_____
_____
_____
_____
_____

APC Rep., if combined
[ ] approval [ ] disapproval

Administrative Placement Committee Date ___/___/___

We have reviewed all required documentation, and the recommendation of the School-Based Committee.

[ ] Approval [ ] Disapproval

Reason(s): _____
_____
_____
_____

Signature Position

_____
_____
_____
_____
_____

DIRECTIONS - DEC 8/HCA

- *The school-based committee must forward to the administrative placement committee a recommendation of the IEP/GEP or written educational program and the placement which would best meet the educational needs of the student and the information which was considered in formulating the placement recommendation.*

  The administrative placement committee reviews the information and makes all final decisions regarding classification and placement of students in programs for exceptional children.

- Complete student information.

- "Other" under purpose could be for transfers, suspension review--specify on line.

- Identify the date each committee meets, where indicated.

- Each committee member must sign name and position. A special line is provided for administrative placement committee representative's signature and approval/disapproval when committees are combined.

- Refer to sections .1506 and .1507 of Procedures for required committee members.

_____
Local School Administrative Unit

PRIOR NOTICE AND CONSENT FOR INITIAL PLACEMENT

Dear _____:

Re: _____ (Student)

The screening and evaluation of your child has been completed. The IEP/GEP/written plan has been developed based upon his/her strengths and needs. We are recommending services in the _____ program.

****

Parental Consent

****

Please indicate your choice with a check:

___ I/We agree for my child to receive services in _____ program. I/We have participated in or have been given the opportunity to participate in the development of the IEP/GEP/written plan (which describes the program proposed for my child). I received a summary and a description of the evaluation procedures, and the Handbook of Parents' Rights (due process procedures).

___ I/We do not agree for my child to receive services in _____ program. I/We have participated in or have been given the opportunity to participate in the development of the IEP/GEP/written plan (which describes the program proposed for my child). I received a summary and a description of the evaluation procedures, and the Handbook of Parents' Rights (due process procedures).

_____/___/___
Parent's Signature Date

Sent to Parent: ___/___/___

*Return to: _____
_____
_____

*Contact this same person at the same address for instructions if you wish to request an impartial hearing.

DIRECTIONS - DEC 9/HCA

- *Parental consent must be obtained before initial placement of an exceptional child into a program. Written notice that parent(s) or guardian(s) has been informed and given all procedural safeguards available must be documented.*

- Complete top of form. Indicate date copy of form was sent or given to parent. Mail or give to parent.

- Retain copy of form in child's folder.

- **"Program" refers to the category of exceptionality; i.e., resource is a setting and not a program.**

_____ DEC 10

Local School Administrative Unit

PRIOR NOTICE FOR REEVALUATION

Student: _____ Date Sent: _____/_____/_____

School: _____

Dear _____:

Re-evaluation of exceptional students must be completed every three years in order to determine whether or not a student continues to need a special education program. The proposed reevaluations by qualified personnel will include the use of one or more tests to help determine his/her strengths and weaknesses. The test data and screenings described below may be needed:

AREA	INFORMATION
Physical Health	Vision, hearing, motor, medical screening/evaluation
Educational	Reading, mathematics and other subjects - group/individual assessments, achievement tests; observation
Psychological	Mental ability, emotional development, perceptual developmental, and adaptive behavior screening/evaluation
Social Appraisal	Social, personal, behavioral and developmental history
Communication Skills	Understanding and using spoken language--screening/evaluation
Intellectual	Group or individual intelligence tests
Other:	

A summary of the evaluations will be shared with you, and you are entitled to all the due process rights in the Handbook of Parents' Rights, which you received. **If you have lost your copy, an additional copy is available from your child's school, upon request.** If you have any questions, please contact:

_____ at _____

(Name) (School)

_____

(Phone)

Note: A copy must be retained in the child's folder.

DIRECTIONS - DEC 10

- *Prior written notice must be given to the parents of a child with special needs a reasonable time before the local school administrative unit changes the identification, evaluation, or educational placement of the child.*
- Complete student information.
- Identify date letter is sent, where indicated.
- Complete parent's name and indicate the person tha parent is to contact if there are questions.
- Retain a copy in the child's folder.